## NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS) Please read the instruction before completing. Attach additional sheets if necessary. JAN 0 5 2010

PERSONAL INFORMATION:						ON	INISSION ETHICS	
NAME: . Robert M. Simon		LENGTH OF RESIDENCE IN NEVADA:				A: 56 years		
ADDRESS: 959 Campton Street								
CITY, STATE, ZIP: Ely, Nevada 89301			LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE:  6 years					
TELEPHONE: 775-289-3519			E-MAIL: wpnucwst1@mwpower.net					
SECTION A (Public Office): List all public offices for which this fand check each box accordingly i.e. annual, candidate or appoir					ed			
Title of Public Office and Name of Government	Elected, appointed or appointed or appointed to elected	(E, A, AE)	Annual Compensation	Date elected or appointed	ANNUAL NRS 281A-600.1 & 281A-610.1	CANDIDATE NRS 281A.610.1(a).	APPOINTMENT NRS 281A.600.1	
	a	Check the	ck the appropriate boxes below					
Dir. Nuclear Waste Project Office, White Pine Co.		\$ 59,	355.92		✓			
		\$						
		\$						
SECTION B (Sources of Income): List each source of your incor any member of your household who is 18 years of age or older.				rce listed in S	Section A	H Self	lousehold Member appropriate	
Public Employees Retirement Sy	stem o	f Ne	vada			<b>√</b>	***************************************	
White Pine Count	y					<b>✓</b>		
SECTION C (Real Property): List specific location and particular which you or a member of your household has a legal or benefic more; and (3) located in this state or an adjacent state. NRS 281  Specific Location	ial intere	st; (2			which is			
not applicable								
		-		4				
	•		W-1			<del> </del>		
							<del>,</del>	

Name of Public Officer: Robert M. Simon	n		
	you or a member of your household owes \$5,000 or monersonal residence; and (2) debt on a motor vehicle for	personal Self Check	use Household Member the appropriate
Ca	abela's	<del>                                     </del>	boxes
you within the third degree of consanguinity or affini	table year [EXCEPT: (1) a gift received from a person water ty; and (2) ceremonial gifts received for a birthday, wend the donor does not have a substantial interest in your le).  Donor	ding,	),
not applicable	\$		
	\$		
	\$		· · · · · · · · · · · · · · · · · · ·
	\$		
including a proprietorship, partnership, firm, busines you or a member of your household is involved as a	entity (i.e., organization or enterprise operated for ecores, trust joint venture, syndicate, corporation or associate trustee, beneficiary of a trust, director, officer, owner inck or security representing 1% or more of the total outs 620.1(f).	ion) with whole o	which r in part,
			Household
		Self	Member the appropriate
			boxes
not a	pplicable		
THE INFORMATION I HAVE PROVIDED HEREIN IS	SACCURATE AND COMPLETE.		namental makes
	Robert M. Simon		
WHERE TO FILE.	t Name: Robert IVI. Simon		
DYDERE ILIEUE:			

APPOINTED PUBLIC OFFICERS SUBMIT TO:

Nevada Commission on Ethics 3476 Executive Pointe Way, Sulte 10 Carson City, Nevada 89706 775.687.5469 • 775.687.1279 fax

**ELECTED PUBLIC OFFICERS OR CANDIDATES** SUBMIT TO:

Nevada Secretary of State, Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701 775.684.5705 • 775.684.5718 fax